

# PURPLE BRICS

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KHANA'S MONTHLY BULLETIN

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## PLAN FOR NATIONAL STAKEHOLDER CONFERENCE

In cooperation with national health institutions, KHANA is planning to assist with the organisation of a national stakeholders conference to introduce 'Integrated Approaches to HIV and AIDS Responses in Cambodia'. The three-day conference is forecasted to be held in May of this year. More than 500 guests are expected to gather to discuss, explore and unite as primary motivators to further develop their capacities of best practice methods and to gain a perspective of the idealistic approaches for the future. Amongst the guests there will be policymakers, project implementers, government health workers from governmental and both local and international non-governmental organisations, donors, and some key population such as Men who have Sex with Men, Entertainment Workers, People Living with HIV, Orphans and Vulnerable Children.

Acknowledging the relationship between HIV and AIDS and human development, the conference aims to review the progress of the HIV and AIDS response and its integration with the wider development sector and to discuss ways in which the development sector can play a greater role in the response to HIV/AIDS.

Last year, KHANA conducted a conference with the participation of both national and international health policy makers and practitioners nationwide.

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Dr. Oum Sopheap, KHANA Executive Director, cuts the red ribbon to inaugurate the new building while H.E Mam Bun Heng (right), Secretary of State of the Ministry of Health, and other honorable guests look on. Story on page 2

## EX-ENTERTAINMENT WORKER EFFORTS TO REDUCE THE HIV EPIDEMIC

It's not easy for Soth Mom to appear in public and talk about HIV and AIDS prevention while she is also living with HIV. After getting encouragement and training support from the Khmer HIV/AIDS NGO Alliance (KHANA) in Phnom Penh, Mom decided to become a health educational worker in her community in Battambang the northwestern province, near the Thai border. Her job requires her to visit karaoke parlors, brothels, and the broader community to assist by providing education to both direct and indirect entertainment workers (EWs) and villagers, about the HIV and AIDS epidemic and privation.

In December 2006, Mom fell sick after being a karaoke and indirect entertainment worker (EW) for about eight years. With help from a local NGO,

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# NEW LABORATORY

## OPENED IN HOSPITAL

After taking several months to construct, the integrated HIV/AIDS and STD building has officially opened at the referral hospital in Sihanouk Ville, the international seaport and resort province.

Speaking at the opening ceremony on 15 February, H.E Mam Bun Heng, Secretary of State of the Ministry of Health, said it is very crucial to have such a laboratory where all of the different areas of the hospital can be brought together. "Earlier, we had separate and small laboratories for checking different diseases in the hospital. Now, this building can be used as the integrated laboratory where all departments can be together. For health care and support, I would like to appeal to people to visit this health service and to utilise the services provided by our physicians, in the area of HIV/AIDS,

tuberculosis, and so on." he said.

KHANA contributed US\$34,614.10 to select a constructor through a transparent bidding process, with assistance from the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) of the Ministry of Health. The construction was carried out between 23 April - 14 September, 2007 after the agreement was made on 21 February during the same year between KHANA and NCHADS. The available funding is part of a multi-country initiative, financially supported by the Bill & Melinda Gates Foundation through the International HIV/AIDS NGO Alliance. The five-year initiative known as FPP (The Frontiers Prevention Project) was implemented between 2002 and 2007 and aimed to reduce HIV transmission by working with populations most at risk such as people living with HIV, entertainment



The new integrated laboratory in Sihanouk Ville is officially launched on 15 Feb, 2008.

workers, and men who have sex with men in three provinces - Sihanouk Ville, Siem Reap, and Battambang.

Dr. Oum Sopheap, KHANA Executive Director, said the new building is really responding to the practical needs of people both inside and outside of the hospital. "With the new laboratory, people can have blood tests for Tuberculosis, HIV/AIDS etc, they can receive counseling, and they can receive general health care. On the other hand, it is also the need of the Ministry of Health."

Tony Lysle, UNAIDS Country Coordinator and Chair of KHANA Board of Directors, H.E. Mam Bun Heng, Secretary of State for Health, Dr. Mean Chi Yun, Director of NCHADS, Undersecretary of State for Health, Sihanouk Ville governor, director of the Sihanouk Ville Health Department, and representative of Clinton Foundation presided the ceremony before about one hundred students, health and NGO workers.



Tony Lysle (left), UNAIDS Country Coordinator and Chair of KHANA Board of Directors, give his remarks at the opening ceremony to inaugurate a new integrated laboratory in Sihanouk Ville on 15 Feb, 2008.

### Continued from p. 1: Ex-Entertainment Worker efforts to reduce the HIV epidemic

one of KHANA's implementing partners, Mom went to have a blood test and found that she is HIV-positive. She then received OI before getting ARV. "Without OI and ARV, I am not sure if I could have survived to see this day," the 33-year-old lady said. "Before having the blood test, I felt powerless as I watched some unusual spots appear on my skin all over my body. Since receiving proper OI and ARV from health experts, I am now alright and feel normal."

Working in the fields as an HIV prevention educator for Men's Health Social Service (a KHANA implementing partner) in Battambang province since June 2007, Mom has met and educated nearly 600 people. "I am now living with HIV and I do

not want other people to be like me. That's why I decided to join the society to help stop the HIV epidemic," she said.

According to the National Center for HIV/AIDS, Dermatology and STDs (NCHADS), there are an estimated 3,430 direct EWs and 13,723 non-brothel based or indirect EWs in Cambodia. KHANA through its implementing partners throughout the country reached 1,568 direct EWs and 4,715 indirect EWs for providing them knowledge of HIV and STD preventions.

For Mom, she absolutely wants to share her real experiences to others so that they can live longer and work as usual. "I would like to urge all entertainment workers to have their blood tested, to find out if they are HIV-positive and if they are, they can live

longer through proper health care with support from health experts and workers. At the same time, I would like all entertainment workers and their clients, including others, to use condoms when having sex in order to stop the transmission of HIV and STDs".



Mom works in her office in Battambang province.

## ADVOCACY TRAINING FOR MSM

With support from USAID and PEP-FARS, KHANA organised a two-day training workshop on "HIV/AIDS Advocacy and Men who have Sex with Men Planning", in KHANA office on 11-12 February, 2008.

The training provided an opportunity for participants working with men who have sex with men (MSM) population groups,

to learn more about advocacy work development and to further increase their skills in HIV advocacy for MSM. It also aimed at strengthening the capability of the participants so that they can cost the various components of advocacy action plans. "After the training, we believe that the participants can identify additional resources needed and possible sources of technical and financial resources for implementation of the advocacy action plans," said Dr. Nou Sovannary, KHANA Programme Management Officer.



Training workshop on "HIV/AIDS Advocacy and Men who have Sex with Men Planning" conducted in KHANA office on 11-12 February, 2008.

The training is a part of the National Strategic Framework and Operational Plan on HIV, AIDS and STDs for MSM in Cambodia for the years 2008 to 2011. The two-day training was done after a four-day training had been organised and carried out during the 4 - 8 February, 2008 in Siem Reap. The two trainings provided a capacity building opportunity in the area of advocacy for; policy makers, and both program managers and implementers who work with men who have sex with men, and CBOS/ Net work.

*Continued from p.4: Follow HIV..*

preted confirmatory tests. Only six patients self-referred to the clinic with no records of screening tests.

The investigators do not comment on the emotional distress caused by misdiagnosis, but they do note the cost and resource implications of misdiagnosis. Four of the misdiagnosed patients referred to the clinic were already taking antiretroviral therapy and three were receiving services from AIDS service organisations.

Case reports detailing misdiagnosis of HIV have suggested that malingering or Munchausen syndrome are common factors. But the Tennessee investigators emphasise that although 27% of patients at their centre with misdiagnosed HIV had a prior psychiatric diagnosis, none were suspected of either malingering or Munchausen syndrome.

They conclude, "with the recent guidelines promoting HIV screening as part of general health maintenance, providers and HIV specialists should be aware of the potential for the misdiagnosis of HIV infection if confirmatory testing guidelines are not appropriately followed." (Michael Carter, Friday, February 22, 2008)

### Reference

Maddux DE et al. *Misdiagnosis of HIV infection: implications for universal testing. AIDS 22: 546 - 547, 2008.*

## OPPORTUNITIES HAVE BEEN MISSED FOR PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV IN BRAZIL

Vertical transmission or mother-to-child transmission, is the main source of the HIV infection in children. A study published in *Cadernos de Saúde Pública* (Reports in Public Health) estimates the risk of vertical transmission and assesses the associated factors and missed opportunities for prevention in a cohort of HIV positive pregnant women treated in Goiânia, Goiás, Brazil, between 1995 and 2001 with follow-up of their children until 2005. The study uses three information sources to estimate the vertical transmission rates, factors associated with vertical transmission and use of antiretroviral therapy.

The authors found that the overall risk of vertical HIV transmission was 28 per cent. The vertical transmission rate was 40 per cent in the group without prophylaxis and 1 per cent in the group with adequate prophylaxis, i.e., prophylaxis resulted in a 98 per cent reduction in transmission risk. The study showed an important reduction in the risk of vertical transmission in pregnant women who received adequate therapy.

These results demonstrate the importance of early diagnosis as the first strategy,

which makes possible the determination of adequate conducts for the protection of children exposed to HIV. It emphasises the importance of routine HIV screening during pregnancy. This study also points out the necessity for training health professionals throughout the state and implementing strategies directed to the more vulnerable groups, who are poorly educated adolescents with unfavourable socioeconomic conditions. [adapted from author] Authors: M. Dalva Turchi; L. da Silva Duarte; C.M. Turchi Martelli (It is run on the Alliance website)

# FOLLOW HIV TESTING GUIDELINES TO AVOID FALSE POSITIVE DIAGNOSIS

Tests to confirm an HIV antibody-positive diagnosis should always be performed to ensure that HIV is not being misdiagnosed, American investigators recommend in the February 19th edition of AIDS.

They make this recommendation after reviewing false-positive HIV diagnoses at an HIV treatment centre over a ten year period. Most of the cases of misdiagnosis involved individuals referred by other health care providers, and some of the patients were already being treated with antiretroviral therapy.

There are moves to normalise HIV testing as part of routine health care in the US to help reduce rates of undiagnosed HIV infection and late diagnosis. Confirmatory testing of suspected positive results are essential, the

investigators emphasise, to avoid misdiagnosis and unnecessary costs, distress and use of services.

The investigators, at the Comprehensive Care Center in Nashville, Tennessee, performed their review after the referral from primary care of a 38-year-old man recently diagnosed with HIV. This patient reported no significant HIV risk activities and had been tested for HIV during blood donation. His ELISA antibody test was positive, but his western blot result was negative. A detailed review of his medical records revealed that he had had two other positive ELISA results and two indeterminate western blot tests in the three weeks before his referral to the clinic. An HIV viral load test confirmed that the patient was not infected with HIV.

Prompted by this case, the doctors in Nashville performed a review of all 4450 HIV patients referred to their facility between 1997 and 2007. A total of 51 of these patients were misdiagnosed and were subsequently shown to be HIV-negative. The investigators compared the characteristics of these patients with those with confirmed HIV infection to see if there were any factors associated with misdiagnosis of HIV.

Misdiagnosed patients were of a similar age to those with confirmed HIV infection (35 and 37 years respectively), but were more likely to be female (57% vs. 24%,  $p < 0.001$ ), and less likely to be African-American (18% vs. 36%,  $p < 0.001$ ).

Most patients (36, 71%) were referred by other medical clinics or specialists. A total of 33 patients presented to the clinic after having HIV antibody tests, but 19 (58%) of these individuals had missing or misinter-

*Continued on page 3*

## KHANA'S STAFF CORNER

### ***KHANA welcomes two members who joined KHANA family in February, 2008***



#### **Sarah Knibbs**

becomes the Technical Support Officer for Senior Management Team. Sarah used to work in China and Cambodia. She has seven years experience of managing and supporting HIV/AIDS and sexual health projects in Asia, demonstrating skills in project planning, monitoring and evaluation and reporting. Before joining KHANA, Sarah was the Assistant Country Director of VSO Cambodia.

#### **Sok Meng Heang**

Position: Finance Officer, Grant Management



Meang Heang started to work with KHANA on 11 Feb, 2008. Before KHANA, he worked with Lutheran World Federation Cambodia Organization as a Finance Officer. He has experience in preparing budget, revising working budgets,

analyzing quarterly and annual reports, checking support document.

"I am very happy and proud to join the KHANA family. I hope to learn a lot from KHANA."

### ***KHANA also wishes all the best to 7 people who left KHANA in February for their new careers and study abroad***



**Ung Pola** was the Organizational and Institutional Development Coordinator. He left KHANA for his new career.

**Deng Seronkea** was a programme officer. He left KHANA for study abroad.



**Hean Sam-ath** was the Human Resource Coordinator. He left KHANA for study abroad.

**Khun Rathana** was a voluntary assistant to administration. He left KHANA for his new job.



**Glynnis Brooks** was a Technical support officer. She left KHANA in February.

**Pang Poneth** was a voluntary assistant to the Finance & Admin Department. She left KHANA for her new job.



**Phuong Sothea** was a voluntary assistant to the Strategic Information Department. She left KHANA for her new job.

KHANA's Purple Brief is a monthly news bulletin covering real life stories of Cambodians living with, and affected by HIV and AIDS. The publication also raises significant awareness of the impacts of HIV and AIDS on the broader national and international communities.

The KHANA Communication Committee (KCC) is responsible for the development and publication of the monthly bulletin and the content does not reflect the views and opinions of the donors.

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Khana is a linking organisation of the global partnership  
**International HIV/AIDS Alliance**  
Supporting community action on AIDS in developing countries

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